



ENROLLMENT GUIDE & PREMIUMS

STATE EMPLOYEE
(INCLUDING LINCOLN UNIVERSITY)

2025

It's time for Open Enrollment.

At MCHCP, we are here to help make connections and build bridges to the care and services members need.

Each and every one of our members is unique. That's why we offer different health plan options, allowing you to choose the coverage levels and benefits best suited for you and your family.

During Open Enrollment, you can choose to enroll or make changes to your health plan selections. If you do not want to make changes to the coverage you currently have, you don't have to do a thing. It will remain the same.

Keep in mind: There are additional steps you are required to complete in order to earn monthly premium reductions via the Partnership and Tobacco-Free incentives in 2025.

Additionally, if you are enrolled in the Health Savings Account (HSA) Plan or have a flexible spending account (FSA), you will need to make contribution amount selections for 2025, because they reset at the end of the year to \$0.

All of this can be done by logging into your myMCHCP account and completing the listed steps anytime between Oct. 1–31. Additional Open Enrollment information can be found at www.mchcp.org.

And be sure to follow us on Facebook and YouTube! We post MCHCP news and updates, recipes, health videos and other useful information throughout the year — yet another way of connecting you with all that your benefits have to offer!

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Questions?

This guide is an overview. For more information, visit MCHCP's website.



SCAN

MCHCP Member Services:

573-751-0771

Member Services Hours:

Monday - Friday

8:30 a.m. - 12 p.m. & 1:00 - 4:30 p.m.

Toll-free:

800-487-0771

Relay Missouri:

711 or

800-735-2966 (TTY)

MCHCP Website:

www.mchcp.org

Medical & Pharmacy

Health Savings Account (HSA) Plan

MCHCP will annually contribute to the HSAs of active employees
\$500 for individual coverage and \$1,000 for family coverage.

	Network	Non-Network
Deductible (must meet deductible before coinsurance)	\$1,650/individual \$3,300/family	\$3,300/individual \$6,600/family
Medical Out-of-Pocket Maximum	\$4,950/individual \$9,900/family	\$9,900/individual \$19,800/family
Prescription Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Preventive Services	MCHCP pays 100%	40% coinsurance
Office Visit	20% coinsurance	40% coinsurance
Virtual Care through Sydney Health, Hinge Health, and Lark's Virtual Diabetes Prevention Program	After deductible, MCHCP pays 100%	N/A
Urgent Care	20% coinsurance	Paid as Network Benefit
Emergency Room	20% coinsurance	Paid as Network Benefit
Hospital (Inpatient)	20% coinsurance	40% coinsurance
Lab and X-ray	20% coinsurance	40% coinsurance
Surgery	20% coinsurance	40% coinsurance
Prescription Drugs Reduced costs for certain drugs and supplies.	<p>Preventive: MCHCP Pays 100% Generic: 10% coinsurance up to \$50 Preferred: 20% coinsurance up to \$100 Non-Preferred: 40% coinsurance up to \$200 Notes: 1) Amounts are for a 31-day supply 2) Diabetic Drugs have reduced copayments (5%/10%/20%)</p>	

Plan Overview

PPO 1250 Plan		PPO 750 Plan	
Network	Non-Network	Network	Non-Network
\$1,250/individual \$2,500/family	\$2,500/individual \$5,000/family	\$750/individual \$1,500/family	\$1,500/individual \$3,000/family
\$3,750/individual \$7,500/family	\$7,500/individual \$15,000/family	\$2,250/individual \$4,500/family	\$4,500/individual \$9,000/family
\$4,150/individual \$8,300/family	No Maximum	\$4,150/individual \$8,300/family	No Maximum
MCHCP pays 100%	40% coinsurance	MCHCP pays 100%	40% coinsurance
Primary Care or Mental Health: \$25 copayment Specialist: \$40 copayment Chiropractor: \$20 copayment or 50% of total cost of service, whichever is less	40% coinsurance	20% coinsurance	40% coinsurance
MCHCP pays 100%	N/A	MCHCP pays 100%	N/A
\$50 copayment	Paid as Network Benefit	20% coinsurance	Paid as Network Benefit
\$250 copayment plus 20% coinsurance	Paid as Network Benefit	\$250 copayment plus 20% coinsurance	Paid as Network Benefit
\$200 copayment plus 20% coinsurance	\$200 copayment plus 40% coinsurance	\$200 copayment plus 20% coinsurance	\$200 copayment plus 40% coinsurance
20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance

Preventive: MCHCP Pays 100%
Generic: \$10 Copayment
Preferred: \$40 Copayment / Non-Preferred: \$100 Copayment
Specialty: \$75 through Accredo

Notes: 1) Amounts are for a 31-day supply 2) Express Scripts Home delivery has a reduced copayment for 61 - 90 day supply (\$25/\$100/\$250) 3) Diabetic Drugs have reduced copayments (\$5/\$20/\$50)



No-Cost Services

Did you know our Anthem health plans include services at no cost when you use a network provider or pharmacy? Don't wait until you get sick to use your health benefits! These services can help you stay healthy and catch health issues sooner.

Preventive Services*

Some preventive services can help identify problems early and prevent others from occurring. Examples of preventive services include:

- ▶ preventive exams (annual physical, well-woman and well-child visits),
- ▶ immunizations,
- ▶ cholesterol blood tests,
- ▶ breast and colon cancer screenings,
- ▶ contraception,
- ▶ preferred tobacco cessation products,
- ▶ a preferred glucometer, test strips and lancets for diabetes, and
- ▶ so much more.

***IMPORTANT:** The preventive service claim your network provider sends Anthem must be for routine services without an injury or illness code for the service to be covered at 100%.

Other Services

Some diagnostic services are also covered at no cost for those in the PPO plans, and at no cost after deductible is met for those in the HSA Plan, including:

- ▶ diagnostic colorectal screenings (Common reasons for this service include screenings with a history of polyps or a history of colon cancer.),
- ▶ diagnostic breast examinations and mammograms,
- ▶ nutrition counseling,
- ▶ Diabetes Self-Management Education (four visits), and
- ▶ vasectomies.

Sydney Health Virtual Services

You can use Sydney Health to receive virtual health care services — many of which are covered at no cost to you! (If you are in the HSA Plan, many of these virtual services are covered at no cost only after you meet your deductible due to IRS rules, unless it is a preventive care service.) Examples of virtual services available on Sydney Health include K Health, LiveHealth Online and Hinge Health.





Enrollment Options

Frequently Asked Questions

My spouse and I are enrolled separately, and we have children. What do we need to do?

You may participate in a “Family Roll Up” if you cover children to share a single family deductible and out-of-pocket maximum. To have a Family Roll Up, each spouse must enroll in the same health plan for medical coverage (HSA, PPO 1250 or PPO 750 Plan) and provide their respective spouse’s social security number, so we can link them together in our system. You can decide which children are enrolled under which spouse’s coverage.

How do I add dependents (spouse or children)?

Log in to your myMCHCP account to add dependents to your health plan(s). Enrollment is not complete until proof of eligibility is received by MCHCP for each dependent. If dependents are added during Open Enrollment, proof of eligibility must be received by Nov. 20, 2024, for coverage to begin Jan. 1, 2025. If you miss the deadline, you may have to wait until the next open enrollment period before you can add a dependent to your coverage.

How do I submit proof of eligibility?

You can upload a PDF or JPG file of the proof of eligibility from your myMCHCP account. Go to the Upload Center, select Proof of Eligibility, and follow the instructions. If you do not have a PDF or JPG file of your proof of eligibility, you can fax it to 866-346-8785, mail it to MCHCP at PO Box 104355, Jefferson City, MO 65110-4355, or you can drop it off at our office. Be sure when you fax or mail it to include your identification (name and MCHCP ID or Social Security number) with it, so we know it is for your dependent(s).

Can I keep my 2024 plan choices in 2025 without changes?

If you do not want to make changes to your health plan or covered dependents, MCHCP will automatically re-enroll you and your dependents in the same plan(s) for 2025 that you had in 2024.

How do I enroll, change or cancel coverage?

To enroll, change or cancel coverage, simply log in to your myMCHCP account during Open Enrollment to make your choice for 2025.

I have Strive for Wellness® incentives in 2024. Do I need to do anything to keep them?

Members who received a *Strive for Wellness*® incentive premium reduction in 2024 will need to complete the requirements for that incentive again prior to Nov. 30, 2024, if they wish to also receive it at the start of the 2025 plan year (Jan. 1, 2025). Incentive requirements can be completed at any time. Premium reductions begin the first day of the second month after the required incentive steps are completed.

I am married to a state employee or to a Lincoln University employee. Can I enroll my spouse as my dependent under my coverage?

If both spouses are employees covered by MCHCP (whether either is a state employee or Lincoln University employee), each spouse must enroll separately, but they may participate in the “Family Roll Up” if covering children.

Examples of proof of eligibility

- ▶ petition for adoption
- ▶ court-ordered guardianship
- ▶ order of placement
- ▶ birth certificate
- ▶ paternity order
- ▶ marriage license



Special Enrollment Periods

We know things happen during the year that may make a change necessary. When one of the following events happens, you can enroll yourself or your dependents, or even change plans. We will need supporting documentation to prove that the event happened. Make sure to enroll within the time frame given for the event below.

EVENT	TIME PERIOD
Life events (marriage, birth, adoption or placement of child)	Within 31 days of life event
Loss of employer-sponsored group coverage	Within 60 days of involuntary coverage loss
Loss of Medicaid status	Within 60 days of status loss
Qualified Medical Child Support Order (QMCSO)	Within 60 days of court order

Health Plan Options

MCHCP offers three health plan options that include medical coverage administered by Anthem, and prescription drug coverage administered by Express Scripts. Each option offers the same nationwide networks. You can access non-network providers, too. Network preventive services are always paid at 100%. Turn to pages 3 and 4 to compare health plans for medical coverage and cost-sharing. To learn more, visit MCHCP's website.

HSA Plan

The HSA Plan is a qualified high-deductible plan that can help you save money by giving you access to a health savings account (HSA). You choose how much or how little to contribute to your HSA each month prior to paying taxes on those funds, and MCHCP makes an annual contribution to each HSA based on whether it is utilized by an individual member (\$500) or a family unit (\$1,000).

HSA funds accumulate to pay for IRS-qualified medical expenses, such as health care provider and chiropractor fees, dental treatments, hospital bills, prescriptions and more. You decide how to spend that money based on your health care needs and budget. HSA funds roll over from year to year. (To learn more about health savings accounts, turn to page 11.)

On the HSA Plan, you will pay all medical and prescription drug expenses until your individual deductible is met — then you will usually pay coinsurance. Some services are covered at no cost to MCHCP members. (To learn more about services covered at no cost, turn to page 6.) If two or more family members are covered by the HSA Plan, a larger family deductible must be met before the plan pays.

PPO Plans

MCHCP offers two PPO plans — the PPO 1250 Plan and PPO 750 Plan. The plan names come from the individual deductible amounts associated with them — \$1,250 for the PPO 1250 Plan and \$750 for the PPO 750 Plan.

Under our PPO plans, most services are subject to deductible and coinsurance. The PPO 1250 Plan includes the added benefit of office visit copayments not subject to deductible and coinsurance. There are also some services covered at no cost to MCHCP members. (To learn more about services covered at no cost, turn to page 6.)

Both PPO plans have a copayment for emergency room visits (waived if it is a true emergency or if admitted as an inpatient), plus you pay a deductible and coinsurance. Hospital stays also have a copayment, plus you pay a deductible and coinsurance. Copayments do not count toward the deductible, but do count toward the member or family unit's out-of-pocket maximum.

If two or more family members are covered under one of our PPO plans, and one family member reaches the individual deductible or out-of-pocket maximum, the medical plan begins paying claims for the individual. If one or more additional family members meet the individual deductible or out-of-pocket maximum, the medical plan begins paying claims for the entire family.

PPO plan members also have access to a flexible spending account (FSA) that you then use to pay for certain out-of-pocket health care costs. Those funds are forfeited if they are not used. (To learn more about flexible spending accounts, turn to page 11.)

Prescription Drugs

All medical coverage includes MCHCP's prescription drug benefits, administered by Express Scripts. Express Scripts provides a nationwide retail pharmacy network, as well as its specialty pharmacy, Accredo. Express Scripts offers home delivery for maintenance medications that can help save you time and money. You may have to pay more if you get a brand name drug when a generic is available. Express Scripts' preferred formulary list is available on myMCHCP or by calling Express Scripts.

Subscribers have the option to declare a religious or moral objection and decline contraception coverage. Contact MCHCP for more information.



myPlan Advisor

Choosing the right health plan for medical coverage is an important decision. It is important to consider how the plans are similar, where they differ in cost, and which one is the right fit for you. To help you decide which best fits your needs, go to the myPlan Advisor tool available through your myMCHCP account. It will help you review premiums and, using your past claims, estimate your out-of-pocket costs to rank your choices.

Reduce your Premium

You can reduce your MCHCP medical premium with our two *Strive for Wellness*[®] incentives and save up to \$1,260 per year! Here's how:

Partnership Incentive: Complete the Partnership Promise and Health Assessment/Quiz online to earn a \$25 monthly premium reduction. That's a total savings of \$300 for all 12 months.

Tobacco-Free Incentive: You and your covered spouse can complete the Tobacco-Free Promise or Quit Tobacco Promise form to earn up to an \$80 monthly premium reduction (\$40 per person). That's a total savings of \$960 for all 12 months if both you and your covered spouse participate. If only one person participates, your total savings will be \$480 for all 12 months.

Take Action: *Strive for Wellness*[®] incentives do not automatically renew each year. You must complete incentive requirements by Nov. 30, 2024, to begin saving Jan. 1, 2025. If you miss the Nov. 30, 2024 date, you can still earn them, but savings will start after January 2025. The longer you delay, the less you save!

Those enrolled in the TRICARE Supplement Plan are not eligible to participate.

Health Savings Account (HSA) and Flexible Spending Account (FSA)

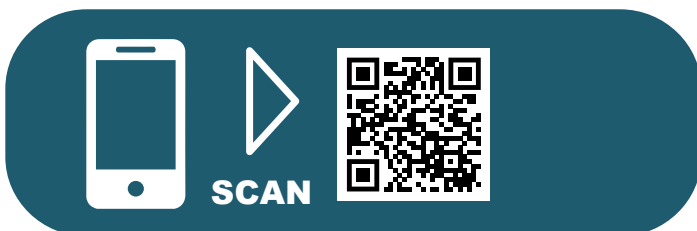
An HSA (through Central Bank of Jefferson City) or FSA (through MoCAFE administered by ASIFlex) can help save you money with pre-tax deductions from your paycheck. Both accounts allow you to deposit money to pay qualified medical expenses as allowed by the Internal Revenue Service (IRS).

Health Savings Account

HSA Plan subscribers will get an HSA through Central Bank of Jefferson City, so they can start accumulating money over time. It's a great way to save money for retirement to help pay medical expenses. MCHCP will contribute an annual maximum of \$500 (subscriber-only coverage) or \$1,000 (subscriber-with-dependent coverage) to state employees' HSAs. Subscribers can contribute more money up to the federal contribution limits. Contributions must be elected each year. You can make changes to the amount you contribute to the HSA throughout the year. We make it easy when you log in to your myMCHCP account. Contribution rules for HSAs are complex, so consult a tax advisor if you have any questions, as we do not provide tax advice.

Flexible Spending Account

All state employees are auto-enrolled in a premium-only plan to allow premiums to be deducted from paychecks tax free. With a couple of exceptions, only PPO plan members are eligible for an FSA. HSA Plan members can also have a limited purpose FSA just for dental and vision expenses. Once you enroll in an FSA, you cannot make changes to your contribution amount unless you meet an exception. You must use all the funds before the annual deadline or lose what funds remain. MCHCP makes it easy to elect FSA contributions when you go through Open Enrollment. Visit www.mocafe.com, or scan the QR code to learn more.







Dental

Delta Dental of Missouri offers dental benefits through their nationwide networks. These benefits include preventive services, basic restorative services, and major restorative services.

You may select the dentist of your choice. Using a network Delta Dental PPO™ or Delta Dental Premier® dentist provides you the best benefit and savings. You may go to a non-network provider, however, your out-of-pocket costs will likely be higher. While network dentists are paid directly by Delta Dental for their services, a non-network dentist may require that you make full payment at the time of service and file the claim for reimbursement. They may also bill you the difference between the allowed amount and the full retail cost of their service.



SCAN



SERVICE TYPE	BRIEF DESCRIPTION	YOU WILL OWE
Preventive (Type A) Services do not count towards your annual maximum	Oral exam – one every six months Cleaning – one every six months Bitewing x-rays – one set every calendar year Topical fluoride – once every calendar year Sealants – once every 5 calendar years Emergency palliative treatment Problem focused exams – 2 every calendar year	No deductible applies Network – You owe nothing more Non-Network – You may be balance billed any difference between allowed amount and retail cost
Basic Restorative (Type B)	Fillings Simple extractions Full mouth x-rays – once every 5 calendar years Periapical x-rays – as required Space maintainers – once every 5 calendar years	Deductible applies, plus you owe: Network – 20% coinsurance Non-Network – 20% coinsurance and any difference between allowed amount and retail cost
Major Restorative (Type C) 12-month waiting period. Waiting period will be waived for all enrollees with proof of 12 months of continuous dental coverage for major services immediately prior to the effective date of coverage in MCHCP’s Dental Plan.	Oral surgery & surgical extractions Implants – once every 7 calendar years Endodontics / root canal therapy Crowns – once every 7 calendar years Dentures & bridges – once every 7 calendar years Periodontics – surgical & non-surgical	Deductible applies, plus you owe: Network – 50% coinsurance Non-Network – 50% coinsurance and any difference between allowed amount and retail cost

The annual maximum benefit per individual is \$2,000. The annual deductible per individual is \$50.



National Vision Administrators, L.L.C.

Vision

National Vision Administrators, L.L.C. (NVA) offers vision benefits through a nationwide network. Basic and premium plans are offered with specific copayments for services from network providers. Both plans offer allowances for services from non-network providers. The vision plan does not replace medical coverage for eye disease or injury.



You select a provider of your choice. It is recommended you choose an NVA network provider for best use of the vision plan. If you decide to go to a non-network provider, you can, but your out-of-pocket costs will likely be higher. When receiving services from a network provider, NVA pays the provider directly. When receiving services from a non-network provider, members pay the provider and file the claim. Reimbursement checks for non-network claims may take up to 30 days to process.



User Name:
mchcp

Password:
vision1

SERVICE TYPE	BRIEF DESCRIPTION	BASIC PLAN - NETWORK	PREMIUM PLAN - NETWORK	NON-NETWORK
Exams	One every calendar year, two every calendar year up to age 18	\$10 copayment	\$10 copayment	NVA pays up to \$45
Lenses	Once every calendar year Single-vision, bifocal, trifocal, lenticular (see website for other types of lenses and cost sharing)	\$25 copayment	\$25 copayment	Maximum amount NVA pays varies based on type of lenses
Frames	Once every two calendar years, once every calendar year up to age 18	Up to \$125 retail allowance and 20% discount off remaining balance	Up to \$175 retail allowance and 20% discount off remaining balance	NVA pays up to \$70
Contact Lenses – Elective (You prefer contacts to glasses.)	Once every calendar year in place of eyeglass lenses	Up to \$125 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance	Up to \$175 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance	NVA pays up to \$105
Contact Fitting and Evaluations	For daily contact lenses, extended contact lenses and specialty contact lenses	\$20 to \$50 copayment depending on type of lenses	\$20 to \$50 copayment depending on type of lenses	NVA pays up to \$20 to \$30 depending on type of lenses

Anthem Programs

Total Health Connections (Beginning January 1, 2025)

With Total Health Connections, you have your own personal health champion, called a family advocate, who is here to help you and your family through unexpected emergencies and everyday health needs. They stay one step ahead, helping you get the care and support you need at no extra cost to you!

Here's how you'll benefit:

You can reach your family advocate by phone, email or even chat with them online via your computer or mobile device. Whatever you choose, you'll get an advocate who is ready to answer your questions and help you make the most of your health plan benefits.

A dedicated family advocate

Your family advocate is here to connect you with the right care at the right time. They can help you:

- ▶ find and schedule appointments with network health care providers, specialists and care facilities,
- ▶ stay on top of preventive care and manage chronic conditions,
- ▶ understand the health plan benefits available to you,
- ▶ quickly get preapprovals for urgent medical needs, like surgery, and
- ▶ connect with our in-house clinical experts, who work with you and your health care provider to create a personal care plan that supports your overall wellness and ongoing health needs.

A connected health record

You and your advocate, health care providers and pharmacist have access to the most up-to-date information on your health in a single record. These real-time insights can help improve your care and may lower your healthcare costs over time.

Attention to your whole health

Your physical health impacts your overall well-being, but it's just one piece of the puzzle. Your advocate can connect you with community resources to help with food, child care, transportation, and other social, financial and mental health concerns.

Connect with your family advocate by downloading the Sydney Health mobile app, or by selecting the "Medical" icon in your myMCHCP account.

**With a dedicated
advocate in your corner,
health care is easier at
every step!**



Anthem Programs



Sydney Health

Access personalized health and wellness information when you need it.

With Anthem's Sydney Health mobile app, you can access your benefit details in one place. (Sydney Health is also available in an online format when you select the "Medical" icon in your myMCHCP account.) The simple experience makes it easy to find what you need — with one-tap access to benefit information, member services, virtual care and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Download Sydney Health today

- ▶ Find care and compare costs
- ▶ See what's covered and check claims
- ▶ View and use digital ID cards



SCAN



Find Care

Search for health care providers, hospitals and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken or location.



My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips and personalized action plans that can help you reach your goals.



Family Advocate

Connect with a Family Advocate who can guide you to the next best action based on specific benefits, health needs and community support.

Anthem Programs

SmartShopper[®]

Save money and earn a cash reward!

The SmartShopper program is provided by Sapphire Digital, an independent company. Rewards are for select procedures only, and reward payments may be taxable. Rewards are delivered by check. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

SmartShopper helps you find the best value for high-quality care.

We understand that medical procedures can be costly and can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper makes it easy to compare cost information about some health procedures like mammograms, colonoscopies and more. You can even earn cash rewards when you choose the SmartShopper suggested providers!

Shop on your own or with a Personal Assistant.

It's easy to use SmartShopper. Shop online at smartshopper.com, or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options, schedule your appointment and earn a reward.

▶ Recommendation

When your health care provider recommends a test or procedure, visit smartshopper.com, call the SmartShopper Personal Assistant Team at 1-855-231-3613, or link through your Sydney Health app.

▶ Compare

Compare providers, prices and rewards.

▶ Choose

Choose where you would like to have your test or procedure.

▶ If Eligible

After Anthem pays your claim, SmartShopper will mail you a reward check, if eligible. Your check should arrive in about six weeks.

It's easy to register today and begin shopping and saving on health care.

The Personal Assistant Team is happy to help Monday through Thursday, from 7 a.m. to 7 p.m., and Friday from 7 a.m. to 5 p.m. CT (or at smartshopper.com).

Express Scripts Pharmacy Programs



Express Scripts provides options for members taking maintenance medications that could save them time and money.

Home Delivery

Skip the trip with home delivery

Members taking maintenance medications can choose to receive their prescriptions by home delivery from Express Scripts Pharmacy. The home delivery benefit covers a 90-day supply for 2½ copayments for those enrolled in a PPO plan. Members enrolled in the HSA Plan will pay their applicable deductible and coinsurance.

Other benefits of home delivery include:

- ▶ no-cost standard shipping with online tracking,
- ▶ medications sent in secure, weather-resistant packages,
- ▶ talk with a pharmacist by phone 24/7,
- ▶ get texts and emails about orders and refills and more.

Smart90SM Program

Save time with the convenience of the Smart90 Program

Members enrolled in a PPO or HSA plan can choose the convenience of receiving a 90-day supply of maintenance medications at a participating retail pharmacy. Members enrolled in a PPO plan will pay the applicable 90-day retail supply copayment and members enrolled in the HSA Plan will pay the applicable deductible and coinsurance.

Other benefits of Smart90 include the easy transfer of prescriptions in-store, by phone or online and the convenience of auto-refills and refill reminders upon request.

Contact Express Scripts to find a pharmacy participating in the Smart90 program.



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MCHCP Programs



Tired of paying more than you should at the pharmacy? Lower your prescription drug costs with Rx Savings Solutions (RxSS)!

Health care providers know a lot, but they may not know what your prescriptions will cost you. That's where RxSS comes in. RxSS layers on top of your existing Express Scripts prescription drug coverage to

uncover every clinically sound way you can spend less on your prescriptions! RxSS proactively alerts members when lower-cost prescription drug options become available, saving them not only money, but time and energy, too!

If this all still sounds a bit overwhelming, remember: this resource is as simple as 1, 2, 3!



Pharmacy technicians from RxSS will work with your health care provider to get the change approved, so you can begin saving money. (And in some instances, you may even earn a cash reward for your savings efforts.)

MCHCP Programs



Strive Employee Life and Family (SELF) Program

Personal problems, planning for big life events or dealing with daily stress can affect your overall well-being. The Strive Employee Life & Family (SELF) program (offered through ComPsych) is here to help. State employees eligible for MCHCP medical coverage (and members of their household) can use the SELF program 24 hours a day, every day of the year. Services are offered at no cost, and include:



local, private, in-person, telephone, chat or video counseling



telephone sessions with a Certified Public Accountant or Certified Financial Planner



telephone and in-person sessions with an attorney



identity theft and fraud resolution services



help reviewing child and elder care facilities, moving, making big purchases and vacation-planning



an online library of health, wellness, consumer, family, work, education, law and finance topics

Active employees eligible for MCHCP medical coverage can log in to myMCHCP for access to SELF services. Employees can keep using the SELF program for 18 months following their retirement. Household members can use the SELF program for six months after the member's death.

MCHCP Programs



The *Strive for Wellness*® Health Center (located in room 478 of Jefferson City's Harry S Truman State Office Building) offers routine care at hours designed to fit into a hectic workday. Subscribers and their dependents aged 18 and older on an Anthem plan can receive treatment for common illnesses and behavioral health services at a low cost.

An office visit fee (PPO plans — \$15, HSA Plan — \$45) covers the entire visit. Preventive services are covered at 100%. Health Center services are outside of MCHCP's health plan benefits, so fees do not apply toward deductibles or out-of-pocket maximums. Payment is due at the time of the service. Cash, check and major credit cards are accepted.

Examples of services offered include:

- ⊕ treatment of sinus and ear infections, flu, back pain and allergies
- ⊕ certain vaccinations (flu, hepatitis B, COVID-19, shingles, etc.)
- ⊕ health screenings and lab work
- ⊕ behavioral health counseling

The Health Center is open at the following times:

Mondays: 8 a.m.–1 p.m. and 2–5 p.m.
Tuesdays: 7–11 a.m. and 12–4 p.m.
Wednesdays: 8 a.m.–1 p.m. and 2–5 p.m.
Thursdays: 8 a.m.–1 p.m. and 2–5 p.m.
Fridays: 7–11 a.m. and 12–4 p.m.

To schedule an appointment, call 573-526-3175 (TTY 573-526-3180), or log in to your myMCHCP account. Parking passes are available for reserved spaces upon request.

TRICARE Supplement Plan



Military members (and their eligible dependents) can choose Selman and Company's TRICARE Supplement Plan instead of MCHCP medical and pharmacy benefits. These are typically members who are retired military personnel, not eligible for Medicare, and under age 65. The TRICARE Supplement Plan works with the U.S. Department of Defense's TRICARE health benefit plan. Only non-Medicare members enrolled in TRICARE are eligible to participate. Premiums are not set by MCHCP, and MCHCP does not contribute to them.

TRICARE Supplement Premiums

Subscriber only	\$60.50
Subscriber and spouse	119.50
Subscriber and child(ren)	119.50
Subscriber and family	160.50

Residents of New York, contact MCHCP for premiums applicable to you.

Premiums

Active Employee Premiums With Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee only	\$0	\$25	\$42	\$67	\$72	\$97
Employee and spouse	77	102	244	269	324	349
Employee and child	13	38	70	95	114	139
Employee and children	19	44	90	115	145	170
Employee, spouse and child	90	115	272	297	365	390
Employee, spouse and children	96	121	292	317	397	422

The premium listed for “employee and spouse” and “employee, spouse and child(ren)” assumes that both the employee and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Active Employee Premiums Without Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee only	\$40	\$65	\$82	\$107	\$112	\$137
Employee and spouse	157	182	324	349	404	429
Employee and child	53	78	110	135	154	179
Employee and children	59	84	130	155	185	210
Employee, spouse and child	170	195	352	377	445	470
Employee, spouse and children	176	201	372	397	477	502

The premium listed for “employee and spouse” and “employee, spouse and child(ren)” assumes that both the employee and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Leave of Absence Subscriber Premiums With Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$704	\$729	\$777	\$802	\$827	\$852
Subscriber and spouse	1,705	1,730	1,901	1,926	2,023	2,048
Subscriber and child	1,004	1,029	1,063	1,088	1,132	1,157
Subscriber and children	1,381	1,406	1,480	1,505	1,578	1,603
Subscriber, spouse and child	1,964	1,989	2,186	2,211	2,327	2,352
Subscriber, spouse and children	2,341	2,366	2,604	2,629	2,773	2,798

The premium listed for “subscriber and spouse” and “subscriber and child(ren)” assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Leave of Absence Subscriber Premiums Without Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$744	\$769	\$817	\$842	\$867	\$892
Subscriber and spouse	1,785	1,810	1,981	2,006	2,103	2,128
Subscriber and child	1,044	1,069	1,103	1,128	1,172	1,197
Subscriber and children	1,421	1,446	1,520	1,545	1,618	1,643
Subscriber, spouse and child	2,044	2,069	2,266	2,291	2,407	2,432
Subscriber, spouse and children	2,421	2,446	2,684	2,709	2,853	2,878

The premium listed for “subscriber and spouse” and “subscriber and child(ren)” assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

COBRA Subscriber Premiums With Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$675	\$700	\$793	\$818	\$844	\$869
Subscriber and spouse	1,655	1,680	1,939	1,964	2,063	2,088
Subscriber and child	939	964	1,084	1,109	1,155	1,180
Subscriber and children	1,324	1,349	1,510	1,535	1,609	1,634
Subscriber, spouse and child	1,918	1,943	2,230	2,255	2,374	2,399
Subscriber, spouse and children	2,303	2,328	2,656	2,681	2,829	2,854
Child only	263	263	291	291	311	311

The premium listed for “subscriber and spouse” and “subscriber and child(ren)” assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

COBRA Subscriber Premiums Without Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$715	\$740	\$833	\$858	\$884	\$909
Subscriber and spouse	1,735	1,760	2,019	2,044	2,143	2,168
Subscriber and child	979	1,004	1,124	1,149	1,195	1,220
Subscriber and children	1,364	1,389	1,550	1,575	1,649	1,674
Subscriber, spouse and child	1,998	2,023	2,310	2,335	2,454	2,479
Subscriber, spouse and children	2,383	2,408	2,736	2,761	2,909	2,934
Child only	263	263	291	291	311	311

The premium listed for “subscriber and spouse” and “subscriber and child(ren)” assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Level B Foster Parent Premiums With Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$704	\$729	\$777	\$802	\$827	\$852
Subscriber and spouse	1,705	1,730	1,901	1,926	2,023	2,048
Subscriber and child	1,004	1,029	1,063	1,088	1,132	1,157
Subscriber and children	1,381	1,406	1,480	1,505	1,578	1,603
Subscriber, spouse and child	1,964	1,989	2,186	2,211	2,327	2,352
Subscriber, spouse and children	2,341	2,366	2,604	2,629	2,773	2,798

The premium listed for “subscriber and spouse” and “subscriber and child(ren)” assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Level B Foster Parent Premiums Without Tobacco-Free Incentive

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$744	\$769	\$817	\$842	\$867	\$892
Subscriber and spouse	1,785	1,810	1,981	2,006	2,103	2,128
Subscriber and child	1,044	1,069	1,103	1,128	1,172	1,197
Subscriber and children	1,421	1,446	1,520	1,545	1,618	1,643
Subscriber, spouse and child	2,044	2,069	2,266	2,291	2,407	2,432
Subscriber, spouse and children	2,421	2,446	2,684	2,709	2,853	2,878

The premium listed for “subscriber and spouse” and “subscriber and child(ren)” assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active, Leave of Absence and Level B Foster Parent Subscribers	\$26.90	\$53.58	\$55.60	\$93.20	N/A
COBRA Subscribers	27.44	54.64	56.71	95.05	29.27

Vision Premiums

	Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family		COBRA Child(ren)	
	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
Active, Leave of Absence and Level B Foster Parent Subscribers	\$3.28	\$4.14	\$6.58	\$8.28	\$9.48	\$11.96	\$13.52	\$17.06	N/A	N/A
COBRA Subscribers	3.35	4.22	6.70	8.44	9.66	12.19	13.79	17.39	6.31	7.97



Health Plan Contacts

Medical

Anthem

HSA Plan, PPO 1250 Plan and PPO 750 Plan
www.anthem.com
844-516-0248
7 a.m. to 7 p.m. M-F

Express Scripts

www.express-scripts.com
800-797-5754
TTY: 866-707-1862
24 hours a day

Accredo Specialty Pharmacy

800-803-2523
TTY: 877-804-9222

TRICARE Supplement Plan

Selman & Company
info.selmanco.com/mchcp
800-638-2610

Dental

Delta Dental of Missouri

microsite.deltadentalmo.com/MCHCP
866-429-1095
7 a.m. to 5 p.m. M-F

Vision

National Vision Administrators, L.L.C. (NVA)

www.e-nva.com
User Name: mchcp
Password: vision1
877-300-6641
TTY: 711
24 hours a day



Websites

You can access all the health plans through your myMCHCP account on MCHCP's website. Health plan websites are provided as a convenience to our members. Access to other websites does not mean MCHCP endorses or is responsible for those websites.



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